



Complete Summary

GUIDELINE TITLE

Hepatitis A.

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Hepatitis A. New York (NY): New York State Department of Health; 2007 Jul. 4 p. [13 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: New York State Department of Health. Hepatitis A virus. New York (NY): New York State Department of Health; 2006 Apr. 4 p.

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SCOPE

DISEASE/CONDITION(S)

- Human immunodeficiency virus (HIV) infection
- Hepatitis A virus (HAV) infection

GUIDELINE CATEGORY

Prevention
Risk Assessment

CLINICAL SPECIALTY

Allergy and Immunology
Family Practice
Infectious Diseases
Internal Medicine
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To develop guidelines for prevention of hepatitis A virus infection in human immunodeficiency virus (HIV)-infected patients

TARGET POPULATION

Human immunodeficiency virus (HIV)-infected patients who are negative for hepatitis A virus (HAV) immune globulin G (IgG)

INTERVENTIONS AND PRACTICES CONSIDERED

Prevention

1. Risk assessment for hepatitis A infection
2. Pre-exposure vaccination with hepatitis A vaccine or combined hepatitis A and B vaccine
3. Post-vaccination antibody measurement
4. Post-exposure prophylaxis with immune globulin

MAJOR OUTCOMES CONSIDERED

- Effectiveness of hepatitis A (HAV) vaccines and immune globulin in preventing infection
- Incidence of HAV infection and complications
- HAV viral load in human immunodeficiency virus (HIV)-infected individuals

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review
Review of Published Meta-Analyses

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

AIDS Institute clinical guidelines are developed by distinguished committees of clinicians and others with extensive experience providing care to people with HIV infection. Committees* meet regularly to assess current recommendations and to write and update guidelines in accordance with newly emerging clinical and research developments.

The Committees* rely on evidence to the extent possible in formulating recommendations. When data from randomized clinical trials are not available, Committees rely on developing guidelines based on consensus, balancing the use of new information with sound clinical judgment that results in recommendations that are in the best interest of patients.

* Current committees include:

- Medical Care Criteria Committee
- Committee for the Care of Children and Adolescents with HIV Infection
- Dental Standards of Care Committee

- Mental Health Committee
- Women's Health Committee
- Substance Use Committee
- Physician's Prevention Advisory Committee
- Pharmacy Committee

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

All guidelines developed by the Committee are externally peer reviewed by at least two experts in that particular area of patient care, which ensures depth and quality of the guidelines.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

What's New – July 2007 Update

- The Committee now recommends that clinicians vaccinate all human immunodeficiency virus (HIV)-infected patients who are negative for hepatitis A virus (HAV) immunoglobulin G (IgG) (2006 version recommended that clinicians offer the hepatitis A vaccine to patients who are at increased risk for hepatitis A).
- New recommendation to obtain a post-vaccination antibody measurement in patients who are at increased risk for hepatitis A infection to verify vaccine efficacy and to identify patients who might benefit from vaccine boosting. Persons who are at increased risk are listed below.

Key Point:

Currently, no specific treatment is available for HAV, although infection can be prevented by both pre-exposure vaccination and post-exposure serum immune globulin administration.

Prevention of HAV Infection

Pre-Exposure Vaccination

Clinicians should administer the HAV vaccine to HIV-infected patients who are negative for HAV IgG. The full series consisting of an initial dose and a second dose 6 to 12 months later should be given to ensure maximal antibody response.

Clinicians should administer HAV vaccination early in the course of HIV infection. If a patient's CD4 count is <300 cells/mm³ or the patient has symptomatic HIV disease, it is preferable to defer vaccination until several months after initiation of antiretroviral (ARV) therapy in an attempt to maximize the antibody response to the vaccine.

Clinicians should obtain a post-vaccination antibody measurement in patients who are at increased risk for hepatitis A infection:

- Men who have sex with men (MSM)
- Travelers to countries with high endemicity of infection
- Persons who live in a community experiencing an outbreak of HAV infection
- Illicit drug users, particularly injection drug users
- Persons who have clotting-factor disorders
- Persons at occupational risk for infection
- Persons with chronic liver disease (e.g., hepatitis B or C) (Persons with chronic liver disease are at increased risk for severe infection if they become coinfectd with hepatitis A)

Post-Exposure Immune Globulin

Clinicians should administer immune globulin (0.02 mL/kg intramuscularly [IM]) as HAV post-exposure prophylaxis to non-immune or non-vaccinated patients within 2 weeks of a potential HAV exposure. HAV vaccine is not indicated for post-exposure prophylaxis; however, it should be administered concurrently with serum immune globulin for the long-term prophylaxis of an at-risk individual.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate prevention of hepatitis A virus (HAV) infection in human immunodeficiency virus (HIV)-infected patients who are negative for HAV immune globulin G (IgG)

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The AIDS Institute's Office of the Medical Director directly oversees the development, publication, dissemination, and implementation of clinical practice guidelines, in collaboration with The Johns Hopkins University, Division of Infectious Diseases. These guidelines address the medical management of adults, adolescents and children with HIV infection; primary and secondary prevention in medical settings; and include informational brochures for care providers and the public.

Guidelines Dissemination

Guidelines are disseminated to clinicians, support service providers and consumers through mass mailings and numerous AIDS Institute-sponsored educational programs. Distribution methods include the HIV Clinical Resource website, the Clinical Education Initiative, the AIDS Educational Training Centers (AETC) and the HIV/AIDS Materials Initiative. Printed copies of clinical guidelines are available for order from the NYSDOH Distribution Center for providers who lack internet access.

Guidelines Implementation

The HIV Clinical Guidelines Program works with other programs in the AIDS Institute to promote adoption of guidelines. Clinicians, for example, are targeted through the Clinical Education Initiative (CEI) and the AIDS Education and Training Centers (AETC). The CEI provides tailored educational programming on site for health care providers on important topics in HIV care, including those addressed by the HIV Clinical Guidelines Program. The AETC provides conferences, grand rounds and other programs that cover topics contained in AIDS Institute guidelines.

Support service providers are targeted through the HIV Education and Training initiative which provides training on important HIV topics to non-physician health and human services providers. Education is carried out across the State as well as through video conferencing and audio conferencing.

The HIV Clinical Guidelines Program also works in a coordinated manner with the HIV Quality of Care Program to promote implementation of HIV guidelines in New York State. By developing quality indicators based on the guidelines, the AIDS Institute has created a mechanism for measurement of performance that allows providers and consumers to know to what extent specific guidelines have been implemented.

Finally, best practices booklets are developed through the HIV Clinical Guidelines Program. These contain practical solutions to common problems related to access, delivery or coordination of care, in an effort to ensure that HIV guidelines are implemented and that patients receive the highest level of HIV care possible.

IMPLEMENTATION TOOLS

Personal Digital Assistant (PDA) Downloads

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Timeliness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Mar (revised 2007 Jul)

GUIDELINE DEVELOPER(S)

New York State Department of Health - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

New York State Department of Health

GUIDELINE COMMITTEE

Medical Care Criteria Committee

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [New York State Department of Health AIDS Institute Web site](#).

AVAILABILITY OF COMPANION DOCUMENTS

This guideline is available as a Personal Digital Assistant (PDA) download from the [New York State Department of Health AIDS Institute Web site](#).

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was prepared by ECRI on January 22, 2004. This NGC summary was updated by ECRI Institute on January 11, 2005, September 18, 2007, and again on June 5, 2008.

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